



Application for Tribal Enrollment

LENAPE INDIAN TRIBE OF DELAWARE

TRIBAL ENROLLMENT APPLICATION

<u>Instructions</u>

Please complete the entire application. If any relevant portion of the application is incomplete, the Enrollment Committee will be unable to process your application. It is MANDATORY that you complete at least four (4) generations of genealogical information including birth dates, death dates, and locations. Without this information your application will not be processed.

The Tribe is not responsible for completing the information for you. We have no paid personnel to do this work for you. In addition, you must submit the following for your application to be considered complete;

- 1. Your Photograph
- 2. Copy of your social security card.
- 3. Copy of CERTIFIED birth certificate.
- 4. Copy of birth certificate for your mother and father (copy of death certificates if deceased.).
- 5. Copy of your Driver's license.

If you do not enclose all above attachments with your completed application, your application will not be processed.

Please type or print all information on the application and mail or deliver with attachments to:

Lenape Indian Tribe of Delaware 4164 N. DuPont Highway, Suite 6 P.O. Box 79 Cheswold, DE 19936





Application for Tribal Enrollment

Please complete the entire application. If any relevant portion of the application is incomplete, the Enrollment Committee will be unable to process your application.

Please Type or Print All Information Clearly

For Office Use Only App.___ Denied___ Date:___ Roll Number:___ Blood Quantum____

SECTION A: Applicant Information

1. Last Name		2. First Name		3. Middle		4. Maiden (if any)
5. Address (Street and mai	iling addre	ss)				
6. City		7. Cou	nty	8. St	tate	9. Zip Code
10. Home Phone	11.	Work Phone	12.	Fax		13. Email
14. Date of Birth		15. Social	Security Nu	ımber		16. Marital Status
17. City of Birth		18. Co.	unty of Bird	th		19. State of Birth
			-			
20. Are you or have you e	ver been	21. If yes, what	Tribe? If no	o, go to #23.		22. Roll Number
enrolled in a Tribe? (Yes		3 ,		, 5		
23. Occupation or professi	ion	24.	Education	25. Do you have any dependants?		
		(high school diplo	oma, college	(yes or no) If no, go to #29		
26. Full Names of Depend	27. Birthdates of	Dependants	S	28. Rel	ationship to applicant	
1.		1.			1.	
2.		2.			2.	
3.		3.			3.	
4.		4.		4.		
29. Do you have a crimina		ther than minor	30. If ma	nd in wh	at city and state where you	
traffic violations? (yes or i	10)		married?			
	T				T	
31. Spouse's Last Name	32. Spa	ouse's First Name	33. Spous	se's Middle N	Tame 3	34. Spouse's maiden name
35. Spouse's Date of Birth		36. I s you	r spouse liv	ring?	3.	7. If no, date deceased
38. Spouse's City of Birth	39. Spouse's County of Birth			40. Spouse's State of Birth		
41. Is your spouse enrol	42. If yes, what Tribe? If no, go to #44.				43. Roll Number	
Tribe? (Yes or No	<i>y</i>					
44.70	•• .					
44. If your answer was "no	o" to numl	ber 41, what is the e	thnicity of y	our spouse?		





Application for Tribal Enrollment

45. Do you have any brothers or sisters (siblings)? (yes or no)	46. If no, please go to the next page, if yes, how many full brothers and sisters?	25. How many half or adopted brothers and sisters do you have?					
48. Full Names of Siblings	49. Birthdates of Siblings	50. Relationship to applicant (full, half, step-brother, step-sister, or adopted).					
1.	1.	1.					
2.	2.	2.					
3.	3.	3.					
4.	4.	4.					
5.	5.	5.					
6.	6.	6.					
If more space is needed, please attach additional sheet							

Please insert your photograph below





Application for Tribal Enrollment

SECTION B: Applicant's Mother

The term "Mother" is defined as the applicant's "biological mother."

5. Address (Street and mailing address) 6. City 7. County 8. State 9. Zip Code 10. Home Phone 11. Work Phone 12. Fax 13. Email 14. Date of Birth 15. Social Security Number 16. Marital Status 17. City of Birth 18. County of Birth 19. State of Birth 20. Is or has your Mother ever been enrolled in a Tribe? (Yes or No) 21. If yes, what Tribe? If no, go to #23. 22. Roll Number 23. Occupation or profession 24. Education (high school diploma, college degree, etc) 25. Does your mother have any brothers or sisters?					
6. City 7. County 8. State 9. Zip Code 10. Home Phone 11. Work Phone 12. Fax 13. Email 14. Date of Birth 15. Social Security Number 16. Marital Status 17. City of Birth 18. County of Birth 19. State of Birth 20. Is or has your Mother ever been enrolled in a Tribe? (Yes or No) 21. If yes, what Tribe? If no, go to #23. 22. Roll Number 23. Occupation or profession 24. Education (high school diploma, college degree, etc) 25. Does your mother have any brothers or sisters?					
10. Home Phone 11. Work Phone 12. Fax 13. Email 14. Date of Birth 15. Social Security Number 16. Marital Status 17. City of Birth 18. County of Birth 19. State of Birth 20. Is or has your Mother ever been enrolled in a Tribe? (Yes or No) 21. If yes, what Tribe? If no, go to #23. 22. Roll Number 23. Occupation or profession 24. Education (high school diploma, college degree, etc) 25. Does your mother have any brothers or sisters?					
10. Home Phone 11. Work Phone 12. Fax 13. Email 14. Date of Birth 15. Social Security Number 16. Marital Status 17. City of Birth 18. County of Birth 19. State of Birth 20. Is or has your Mother ever been enrolled in a Tribe? (Yes or No) 21. If yes, what Tribe? If no, go to #23. 22. Roll Number 23. Occupation or profession 24. Education (high school diploma, college degree, etc) 25. Does your mother have any brothers or sisters?					
14. Date of Birth 15. Social Security Number 16. Marital Status 17. City of Birth 18. County of Birth 19. State of Birth 20. Is or has your Mother ever been enrolled in a Tribe? (Yes or No) 21. If yes, what Tribe? If no, go to #23. 22. Roll Number 23. Occupation or profession 24. Education (high school diploma, college degree, etc) 25. Does your mother have any brothers or sisters?					
14. Date of Birth 15. Social Security Number 16. Marital Status 17. City of Birth 18. County of Birth 19. State of Birth 20. Is or has your Mother ever been enrolled in a Tribe? (Yes or No) 21. If yes, what Tribe? If no, go to #23. 22. Roll Number 23. Occupation or profession 24. Education (high school diploma, college degree, etc) 25. Does your mother have any brothers or sisters?					
17. City of Birth 18. County of Birth 19. State of Birth 20. Is or has your Mother ever been enrolled in a Tribe? (Yes or No) 21. If yes, what Tribe? If no, go to #23. 22. Roll Number 23. Occupation or profession 24. Education (high school diploma, college degree, etc) 25. Does your mother have any brothers or sisters?					
20. Is or has your Mother ever been enrolled in a Tribe? (Yes or No) 21. If yes, what Tribe? If no, go to #23. 22. Roll Number 23. Occupation or profession 24. Education (high school diploma, college degree, etc) 25. Does your mother have any brothers or sisters?					
20. Is or has your Mother ever been enrolled in a Tribe? (Yes or No) 21. If yes, what Tribe? If no, go to #23. 22. Roll Number 23. Occupation or profession 24. Education (high school diploma, college degree, etc) 25. Does your mother have any brothers or sisters?					
enrolled in a Tribe? (Yes or No) 23. Occupation or profession 24. Education 25. Does your mother have any (high school diploma, college degree, etc) brothers or sisters?					
enrolled in a Tribe? (Yes or No) 23. Occupation or profession 24. Education 25. Does your mother have any (high school diploma, college degree, etc) brothers or sisters?					
23. Occupation or profession 24. Education 25. Does your mother have any (high school diploma, college degree, etc) brothers or sisters?					
(high school diploma, college degree, etc) brothers or sisters?					
(high school diploma, college degree, etc) brothers or sisters?					
26. Full Names of Mother's 27. Birthdates of Mother's Siblings 28. Relationship (full, half, stepblings brother/sister, adopted)					
1. 1. 1.					
2. 2. 2.					
3. 3. 3.					
4. 4. 4.					
31. Mother's Spouse's 32. Mother's Spouse's 33. Mother's Spouse's 34. Relationship to applicant					
Last Name First Name Middle Name (father, step-father, etc.)					
25 Mathail County Date of Birth 26 January Williams 27 If no data decreased					
35. Mother's Spouse's Date of Birth 36. Is your Mother's spouse living? 37. If no, date deceased					
38. Date of Marriage 39. City of Marriage 40. County and State of Marriage					
55. Oily of marriage 40. County and State of marriage					
41. Is your mother living? 42. If no, date deceased. 43. If deceased, County and State of Burial					
44. Please list the names and birthdates of all your mother's biological children.					
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Application for Tribal Enrollment

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SECTION C: Applicant's Father
The term "Father" is defined as the applicant's "biological father."

1. Father's Last Name			2. Father's First Name		3. Father's Middle		4	4. Nickname (if any)		
5. Address (Street and mail	ling add	ress)							
o. Hadrood (otroot and man	my ada	1000,	/							
6. City		7. Cour	nty		8. St	ate		9. Zip Code		
,								,		
10. Home Phone	11	. W	ork Phone	12.	Fa	Χ			13. Email	
14. Date of Birth			15. Social S	Security Nu	ımb	ner .		16. N	Aarital Status	
17. City of Birth			18. Cou	inty of Birt	th			19. 3	State of Birth	
20. Is or has your Father e enrolled in a Tribe? (Yes		7	21. If yes, what T	ribe? If no), go	o to #23.		22. 1	Roll Number	
enitorieu ili a TTIDE! (168	UI IVU)									
23. Occupation or profession	on		24. Education					25. Does your Father have any		
20. Occupation of profession	011		(high school diplo		deg	ree, etc)	brothers or sisters?			
26. Full Names of Father's	5		27. Birthdates of Father's Siblings						hip (full, half, step-	
Siblings			1					r/sistei	r, adopted)	
1.		_	1.				1. 2.			
3.			2.							
4.			4.				3. 4.			
31. Father's Spouse's Last	32. F		ther's Spouse's 33. Father's Spouse's				34. Rei	lationship to applicant		
Name	First							r, step-mother, etc.)		
35. Father's Spouse's Date	of Birtl	h	36. Is your Father's spouse living?			3.	7. If n	o, date deceased		
38. Date of Marriage		39.	39. City of Marriage 40. Cour			nty and State of Marriage				
41. Is your Father living?	12 1	f no	no, date deceased. 43. If deceased, Cou			unty and Ctata of Purial				
41. 13 your Tainer hving:	o, date deceased. 43. If deceased, County and State of Burial					n Duriai				
44. Please list the names an	nd birth	date.	s of all your Fathe	r's biologic	cal	children.				
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2.										
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Application for Tribal Enrollment

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SECTION D: Applicant's Maternal Grandmother

The term "Grand-mother" is defined as the "biological Grandmother" of the applicant (mother to the applicant's mother).

1. Grandmother's Last Name			2. Grandmother's First Name			3. Middle Name		4. Maide	en (if any)
5. Address (Street and mai	ling add	ress)						
0.00			7.0			2.0		0.7	
6. City		7. Co.	unty		8. St	ate	9. ZIÞ	o Code	
10 Hama Phana	4 -	1 147	ark Dhana	10				10 Fm ail	
10. Home Phone	7 7	. VV	ork Phone	12.	Fa	<u>IX</u>		13. Email	
14. Date of Birth			15 Conial	Coourity No	ıml	har		16. Marital St	
14. Date of Billii			13. 300141	Security Nu	IIIIL)er		10. Walital St	atus
17. City of Birth			19 0	ounty of Birt	th			19. State of B	irth
17. Oily of Birtii			70.00	ווט וט ווע טוווי	11			19. State Of D	11111
20. Is or has your Grandmo been enrolled in a Tribe? (Yo			21. If yes, what	Tribe? If no), g	o to #23.		22. Roll Num	ber
Deen enroned in a Tribe? (1)	es ul IVU	' 							
23. Occupation or professi	on		24. Education (high school diploma, college degree, etc)			25. Does your Grand mother have any brothers or sisters?			
									10.0707
26. Full Names of Grandmother's Siblings			27. Birthdates of Grandmother's Siblings			28. Relationship (full, half, step- brother/sister, adopted)			
1.			1.				1.	yorotor, adopted	<u>/</u>
2.		2	2.				2.		
3.			3.				3.		
4.		4	4.				4.		
31. Grandmother's Spouse's Last Name			dmother's First Name	33. Grand Spouse's		other's iddle Name	2	34. Relationship (grandfather, step grandfather, etc.))-
35. Grandmother's Spouse's Da	te of Birth	!	36. Is your Grandmother's spouse living?			37. If no, date deceased			
38. Date of Marriage		39.	. City of Marriago	е		40. County and State of Marriage			9
						acced Cou		Ctata of Durial	
41. Is your Grand mother living?	42. 1	т по,	, date deceased.	43. 11 0	100	easea, cou	nty and	State of Burial	
44 Place list the many	m al le !! !	de 1 ·	a of all very O	n d it t	, .	, , , ,	• • • •		
44. Please list the names at 1.	iiu Dirth	uate	s oi aii your Grai	iu-mother's	bic	otogical ch	udren.		
2.									
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Application for Tribal Enrollment

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SECTION E: Applicant's Maternal Grandfather

The term "Grandfather" is defined as the applicant's maternal "biological grand father."

1. Grandfather's Last Name			2. Grandfather's First Name		3. Middle Name		е	4. Nickname (if any)	
5 Add (Ot)									
5. Address (Street and mai	iing aad	iress)						
6. City			7. Coun	tı/	8. S	tata		9. Zip Code	
o. ony			7. 00011	iy .	0. 0.	lait		3. 21p 000e	
10. Home Phone	17	1. W	ork Phone	12. F	ax			13. Email	
					<u></u>				
14. Date of Birth			15. Social S	ecurity Nun	nber		1	6. Marital Status	
17. City of Birth			18. Cou	nty of Birth			1	9. State of Birth	
20. Is or has your Grandfat been enrolled in a Tribe? (Y			21. If yes, what T	ribe? If no,	go to #23.		2	22. Roll Number	
23. Occupation or professi	on		24. Education			25. Does your Grandfather have			
			(high school diploma, college degree, etc)				any	brothers or sisters?	
26. Full Names of Grandfather's Siblings			27. Birthdates of Grandfather's Siblings				28. Relationship (full, half, step- brother/sister, adopted)		
1.			1.				101701	σιοτή ασορίσση	
2.			2.						
3.			3.						
4.			4.						
31. Grandfather's			andfather's 33.Grandfather's Spo			use's		Relationship to applicant	
Spouse's Last Name	Spou	ise's	s First Name Middle Name				(IIIC	other, step-mother, etc.)	
35. Grandfather's Spouse's D	ate of Ri	rth	36 Is vour Grand	lfathar's sno	use livina?		27	If no, date deceased	
33. Granajainer s Spouse s D	uic oj Bi	1111	36. Is your Grandfather's spouse living?				<i>37.</i> I	ii iio, uate ueceaseu	
38. Date of Marriage	38. Date of Marriage			39. City of Marriage 40. C			unty and State of Marriage		
41. Is your Grandfather living?	-			no, date deceased. 43. If deceased, Co			d Sta	te of Burial	
44. Please list the names a	nd birth	date.	s of all your Grand	father's bio	logical chil	dren.			
1.									
2.									
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Application for Tribal Enrollment

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<u>SECTION F: Applicant's Paternal Grandmother</u>
The term "Grand-mother" is defined as the "biological paternal Grandmother" of the applicant (mother to the applicant's father).

1. Grandmother's Last Name		2	2. Grandmother's First Name		3. Middle Name		4. Maiden (if any)		
5. Address (Street and mai	ling addr	ress)							
orridardo (direct and mar	g aaar								
6. City			7. Cour	nty	8. St	ate	9. Zip Code		
10. Home Phone	11.	Wol	rk Phone	12.	Fax		13. Email		
14. Date of Birth			15. Social S	Security Nui	nber		16. Marital Status		
17. City of Birth			18. Cot	ınty of Birtl	1		19. State of Birth		
20. Is or has your Grandmo			21. If yes, what T	ribe? If no,	go to #23.		22. Roll Number		
been enrolled in a Tribe? (Y	es or No)	<u>'</u>							
22 Coounction or professi			24 /	ducation		25. Does your Grand mother have			
23. Occupation or professi	011		24. Education (high school diploma, college degree, etc)			any brothers or sisters?			
							any brothere or electore.		
26. Full Names of Grandm	other's	2	7. Birthdates of C	Grandmothe	r's	28. Ri	elationship (full, half, step-		
Siblings			Siblings				er/sister, adopted)		
1.			1.				1.		
2.			2.						
3.		3	3.						
4.			4.			4.			
31. Grandmother's Spouse's Last Name			indmother's 33. Grandmother's Spouse's Middle Nan			2	34. Relationship to applicant (grandfather, stepgrandfather, etc.)		
35. Grandmother's Spouse's Dat	te of Birth		36. Is your Grand	lmother's sp	ouse living?		37. If no, date deceased		
38. Date of Marriage			City of Marriage		40. Cour	nty and State of Marriage			
41. Is your Grandmother living?	42. If	If no, date deceased. 43. If deceased, County and State of Burial					d State of Burial		
44. Please list the names at	nd birthd	lates	of all your Grand	lmother's b	iological chi	ldren.			
1.									





Application for Tribal Enrollment

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SECTION G: Applicant's Paternal Grandfather

The term "Grandfather" is defined as the applicant's paternal "biological grand father."

1. Grandfather's Last Name		4	2. Grandfather's First Name		3. Middle Name		е	4. Nickname (if any)	
5.4.1.									
5. Address (Street and mai	iling addi	ress)							
0.00			7.0		ı	2.0			0.71.0.1
6. City			7. County			8. State			9. Zip Code
10.11		14/0				F			10 Fmail
10. Home Phone	11.	VVO	rk Phone	12. Fax		13. Email			
14. Date of Birth		-	15 Conial Conveity No.			mhar		1	6. Marital Status
14. Date of Diffi			15. Social Security Number			10. Wainai Status			
17 City of Birth			10 County of Pirth				19. State of Birth		
17. City of Birth			18. County of Birth				19. State of Billi		
20. Is or has your Grandfather ever been enrolled in a Tribe? (Yes or No)		,	21. If yes, what Tribe? If no, go to #23.			22. Roll Number			
23. Occupation or profession			24. Education				25. Does your Grandfather have		
			(high school diploma, college degree, etc)				any brothers or sisters?		
26. Full Names of Grandfather's Siblings		2	27. Birthdates of Grandfather's Siblings				28. Relationship (full, half, step- brother/sister, adopted)		
1.		1	1.				1.		
2.		2	2.				2.		
3.			3.			3.			
4.			4.				4.		
ļ									Relationship to applicant
Spouse's Last Name	Spous	se's I	First Name	Middle N	all	ie –		(1110	other, step-mother, etc.)
35. Grandfather's Spouse's L	ata of Piu	+12	36. Is your Gra i	adfathau's cr	0116	n livina?	I	27	If no data daggaged
55. Granajainer's Spouse's L	uie oj bir	in	30. 13 your Gra i	шјшнег з эр	ous	oc iiviiig:		37.	If no, date deceased
38. Date of Marriage		30	City of Marriage			10 Cour	tv and	l Stat	e of Marriage
50. Date of Warriage		00.	Only of Warriage			40. 00un	rty arra	Otal	t or marriage
41. Is your Grandfather 42. If no, date deceased. living?		43. If deceased, County and State of Burial							
44. Please list the names and birthdates of all your Grandfather 's biological children.									
1.									
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Application for Tribal Enrollment

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SECTION H: Additional information

Please use this section to tell us anything you would like to share about yourself, your family history, etc.				
	· · · · · · · · · · · · · · · · · · ·			
Page 10 of 12	Initials of Applicant			





Application for Tribal Enrollment Ancestral Chart

Chart No			Born:
Number 1 on this chart is the			Place:
Same person as No on			Marr:
Chart No.		Born:	Place:
		Place:	Died:
		Marr:	Place:
		Place:	
		Died:	Born:
		Place:	Place:
			Died:
Born:	Father		Place:
Place:			
Marr:			Born:
Place:			Place:
Died:			Marr:
Place:			Place:
		Born:	Died:
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		Died:	
		Place:	Born:
		T MCC.	Place:
			Died:
Born:	Applicant		Place:
Place:	пррпеши		Timee.
Marr:			Born:
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1 Idec.		Place:	Died:
		Marr:	Place:
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		i lace.	Died:
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Place:	Moniei		riace.
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Place: Died:			Place:
		D	Marr:
Place:		Born:	Place:
		Place:	Died:
~		Died:	Place:
Spouse:		Place:	D
Born:			Born:
Place:			Place:
Died:			Died:
Place:			Place:





Application for Tribal Enrollment

CERTIFICATION

I,	ccurate to the best of my knowle and I understand that the Tribe e. I further acknowledge that s the Tribe reserves the right	may reject my application for should the Tribe find that any to institute litigation to cure
I,	elaware, that I accept enrollment and agreeing to submit to the ent of the Lenape Indian Tribe any and all laws and rules o	ne jurisdiction of and pledge of Delaware. In pledging this f the Lenape Indian Tribe of
<u>Applicant</u>		
Print name	Signature	Date
If applicant is under age of 18, parental a	uthorization below:	
As a parent/legal guardian of the above r information herein. I consent for the above Indian Tribe of Delaware should he/she be to accept and respect the jurisdiction of the should be above.	ve named applicant, a minor under my o be deemed eligible and to be bound by t	care, to be enrolled in the Lenape he terms of this agreement. I agree
Print name	Signature	Date
Witness: I witnessed the signing		
Print name	Signature	Date
Address of Witness	City/State	Zip code